

All India Institute of Medical Sciences

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Tripathy et al. describes the [All India Institute of Medical Sciences \(AIIMS\) ICU rehabilitation \(AIR\)](#) healthcare intervention developed to facilitate home rehabilitation of chronically ill tracheostomized patients.

The AIR intervention was developed in six stages using the experience-based codesign theory (EBCD). A core research-committee studied prevalent knowledge and gaps in the area. Patients-carer and health-care stakeholders' experiences of barriers and facilitators to home care resulted in an intervention with interlinked components: family-carer training, equipment bank, m-health application, and follow-up, guided by the Medical Research Council (MRC) framework. Healthcare stakeholders (doctors, nurses, medical equipment vendors) and patient-carer dyads were engaged to gather experiences at various stages to form smaller codesign teams for each component. Multiple codesign meetings iteratively allowed refinement of the intervention over one year. The Template for Intervention Description and Replication (TIDieR) checklist was used to report the AIR intervention. The first component comprised a minimum of three bedside [hands-on](#) training sessions for carers relating to [tracheostomy](#) suction, catheter care, monitoring [oxygenation](#), [enteral feeding](#), skincare, and [physiotherapy](#), buttressed by pictorial-books and videos embedded in a mobile-application. The second was an equipment-bank involving a rental-retrieval model. The third component was a novel m-health tool for two-way communication with the core group and community of other patient-carers in the project for follow-up and troubleshooting. Home visits on days 7 and 21 post-discharge assessed patient hygiene, nutrition, physiotherapy, and established contact with the nearest primary healthcare facility for the future. Findings support the EBCD-based development using active feedback from stakeholders. Assessment of feasibility, process and effectiveness evaluation will follow ¹⁾.

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